

Chesterfield County Office
6807 Mimms Loop
P.O. Box 146
Chesterfield, VA 23832
(804) 751-4401 FAX: (804) 751-0515

PROBLEM DIAGNOSIS REQUEST

Grower/Homeowner _____

Address _____

City/Zip _____ Daytime
Phone _____

Date Collected _____ What is plant? _____

FOR PLANT PESTS: Distribution:

Roots _____ Bark _____ Twigs, stems _____ Bud _____ Fruit _____ Leaves _____

FOR HOUSEHOLD/STRUCTURAL PESTS: In what part of the building was the insect found? _____

Insect Abundance: One _____ Few _____ Many _____

Description of problem. How serious is the damage? How long has the problem existed?
What question do you want answered?

(For OFFICE USE ONLY)

Diagnosis:

www.ext.vt.edu

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